

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT*A Tradition of Service*

DATE: July 24, 2008

OFFICE CORRESPONDENCE

FILE NO. FO2213150

FROM: ERIC B. SMITH, COMMANDER
LEADERSHIP AND TRAINING DIVISION

TO: DANIEL S. CRUZ, CAPTAIN
MEN'S CENTRAL JAIL

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
USE OF FORCE**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on February 2, 2008.

The Committee met on July 24, 2008 and consisted of me and Commanders Stephen B. Johnson (Custody Operations Division) and Thomas E. Spencer (Detective Division). The Committee determined the use of force by Deputy James Krase #521418, Deputy Adam Villalobos #527490, Deputy Armando Diaz #522014, Deputy Jose Sanchez #519509, Deputy Alejandro Hernandez-Castanon #522048, Deputy Jason Johnson #514225, Deputy [REDACTED] # [REDACTED] Deputy Minh Her #516690, Deputy Hector Vazquez #526304, and Deputy [REDACTED] # [REDACTED] was within Department policy.

Please advise the deputies of this finding.

EBS:MOT:mt

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 008 - 00156 - 5100 - 145		Date: 2/2/08	Time: 0845 hrs.
Location:	441 Bauchet St. Module 2800	City or Station:	Los Angeles
Bureau/Station/Facility:	Custody/Men's Central Jail	Admin. Investigation:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Force:	Significant Force		
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Clay Porlier	Emp:	IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Involved Employee

E1	Employee #	Last Name	Krase	First Name	James	Middle Name	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): 2600/2800 module		
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height: 504	Weight: 160	
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	

E2	Employee #	Last Name	Villalobos	First Name	Adam	Middle Name	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): Module 2800		
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height: 508	Weight: 180	
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	

E3	Employee #	Last Name	Sanchez	First Name	Juan	Middle Name	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): Module 2600/2800		
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height: 509	Weight: 185	
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	

Additional Involved Employees

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Tapia	Patrick	--	Sgt.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Sanchez	Jorge	---	Sld	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
	Herron	Edward	---

Watch Commander

Emp. #	Last Name	First Name	Middle Name
	Olson	Gary	---

Watch Commander (Print Name)

Carlos E. Flores

Watch Commander's Signature:

Emp #:

Date

Supervisor Completing Form: (Print Name)

Emp #:

Copy Provided to Employee by:

Emp #:

Unit Commander (Print Name)

Unit Commander's Signature:

Emp #:

Date

DISCOVERY Use Only

FO#

Original: Discovery Unit

Copy: Unit Commander

SH-R-438P (Rev. 12/07)

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INVOLVED EMPLOYEE - Continuation
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Involved Employee										
E 4	Employee #	Last Name			First Name			Middle Name		
		Hernandez-Castanon			Alejandro			--		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2600/2800				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 509	Weight: 180			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 5	Employee #	Last Name			First Name			Middle Name		
		Diaz			Armando			---		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2500/2700				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 508	Weight: 200			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 6	Employee #	Last Name			First Name			Middle Name		
		Johnson			Jason			--		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2200/2400				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 510	Weight: 225			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 7	Employee #	Last Name			First Name			Middle Name		
		[REDACTED]			[REDACTED]			[REDACTED]		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2500/2700				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 604	Weight: 210			
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 8	Employee #	Last Name			First Name			Middle Name		
		Vazquez			Hector			--		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): Module 2200/2400				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 508	Weight: 180			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	

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Involved Employee									
E 9	Employee #	Last Name		First Name		Middle Name			
		Her		Minh					
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: O	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): 2000 Floor Prowl				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 506	Weight: 170			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 10	Employee #	Last Name		First Name		Middle Name			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): Module 2200/2400				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 602	Weight: 210			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E	Employee #	Last Name		First Name		Middle Name			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Employee #	Last Name		First Name		Middle Name			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Employee #	Last Name		First Name		Middle Name			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information									
Last Name Deguerre			First Name Joseph			Middle Name Sunny			
AKA Last Name			First Name			Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B	Street Address:			City:		State & Zip Code:	
Work Phone: None		Home Phone:		Age: 38	Height: 605	D.O.B. 10-11-69	Weight: 290	Armed? <input type="checkbox"/>	
Booking #: 1089611		Primary Charge Code: 487 (D) PC			Secondary Charge Code: 653K PC			Criminal History	
EMT in attendance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Name: MCJ Clinic Unit: Phone #: 213 974-4961									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>									
By Doctor: Address: Phone #:									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:								Mental Illness <input type="checkbox"/>	

S

Suspect Interview									
Date: 02-02-08		Time: 0900		Audiotape: <input type="checkbox"/>		Videotape: <input checked="" type="checkbox"/>		Photos of Injuries: <input checked="" type="checkbox"/>	

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code:			Secondary Charge Code:			Criminal History <input type="checkbox"/>	
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: Unit: Phone #:									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>									
By Doctor: Address: Phone #:									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:								Mental Illness: <input type="checkbox"/>	

S

Suspect Interview									
Date:		Time:		Audiotape: <input type="checkbox"/>		Videotape: <input type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>	

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code:			Secondary Charge Code:			Criminal History <input type="checkbox"/>	
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: Unit: Phone #:									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>									
By Doctor: Address: Phone #:									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:								Mental Illness <input type="checkbox"/>	

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EMPLOYEE / NON-EMPLOYEE INFORMATION
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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Silva	Christopher	--
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			32	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			39	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			43	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			18	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			18	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			18	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			23	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			31	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			26	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			30	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			45	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			34	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			42	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
			34	
Street Address		City	Zip Code	Work Ph. Home Ph.
L.A. County Jail Inmate #				
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

URN: 008-00156-5100-145

REFERENCE #: 5100 - 2008 - 0202 - 001

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Duguerre	S#1	Krase	E#1	UC	NN	NN
Duguerre	S#1	Krase	E#1	RS	NN	NN
Duguerre	S#1	Krase	E#1	PH	BR	FA
Krase	E#1	Duguerre	S#1	PH	AB	FA
Krase	E#1	Duguerre	S#1	FL	AR	AB
Krase	E#1	Duguerre	S#1	TR	PW	BK
Duguerre	S#1	Villalobos	E#2	UC	NN	NN
Duguerre	S#1	Villalobos	E#2	RS	NN	NN
Duguerre	S#1	Villalobos	E#2	PH	NN	NN
Villalobos	E#2	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Sanchez	E#3	UC	NN	NN
Duguerre	S#1	Sanchez	E#3	RS	NN	NN
Duguerre	S#1	Sanchez	E#3	PH	NN	NN
Sanchez	E#3	Duguerre	S#1	PH	AB	FA

URN: 008-00156-5100-145

REFERENCE #: 5100 - 2008 - 0202 - 001

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Duguerre	S#1	Hernandez	E#4	UC	NN	NN
Duguerre	S#1	Hernandez	E#4	RS	NN	NN
Duguerre	S#1	Hernandez	E#4	PH	NN	NN
Hernandez	E#4	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Diaz	E#5	UC	NN	NN
Duguerre	S#1	Diaz	E#5	RS	NN	NN
Duguerre	S#1	Diaz	E#5	PH	NN	NN
Diaz	E#5	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Johnson	E#6	UC	NN	NN
Duguerre	S#1	Johnson	E#6	RS	NN	NN
Duguerre	S#1	Johnson	E#6	PH	NN	NN
Johnson	E#6	Duguerre	S#1	PH	AB	FA
Johnson	E#6	Duguerre	S#1	PO	AB	FA
Duguerre	S#1		E#7	UC	NN	NN
Duguerre	S#1		E#7	RS	NN	NN
Duguerre	S#1		E#7	PH	AB	FA
	E#7	Duguerre	S#1	TR	AB	DK

URN: 008-00156-5100-145

REFERENCE #: 5100 - 2008 - 0202 - 001

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Duguerre	S#1	Vazquez	E#8	UC	NN	NN
Duguerre	S#1	Vazquez	E#8	RS	NN	NN
Duguerre	S#1	Vazquez	E#8	PH	NN	NN
Vazquez	E#8	Duguerre	S#1	PH	AB	FA
Vazquez	E#8	Duguerre	S#1	FL	AB	AR
Duguerre	S#1	Her	E#9	UC	NN	NN
Duguerre	S#1	Her	E#9	RS	NN	NN
Duguerre	S#1	Her	E#9	PH	NN	NN
Her	E#9	Duguerre	S#1	PH	AB	FA
Her	E#9	Duguerre	S#1	OC	NN	NN
Her	E#9	Duguerre	S#1	FL	AB	BK
Duguerre	S#1		E#10	UC	NN	NN
Duguerre	S#1		E#10	RS	NN	NN
	E#10	Duguerre	S#1	TR	AB	SH